



STATE OF ARIZONA APPLICATION FOR CERTIFICATION AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

☒ Initial Application ☐ Amended Application

FILED ID
2004932AS

NAME OF CANDIDATE WIMOND CECALONA SHELTON III		OFFICE SOUGHT (include Legislative District, if applicable) STATE LEGISLATURE DIST #24	
RESIDENCE (NUMBER & STREET) 09 S. PAGENT AVE		CITY Yuma	STATE AZ
MAILING ADDRESS (if different from above)		CITY	STATE AZ
CITY Yuma		STATE AZ	ZIP 85364
CANDIDATE'S TELEPHONE # 8-261-8159	CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADDRESS TEEZMO@LYCOS.COM	
CANDIDATE'S PARTY AFFILIATION (if any) LIBERTARIAN			
NAME OF CANDIDATE'S COMMITTEE COMMITTEE TO ELECT ED SHELTON			
COMMITTEE'S ADDRESS 909 PAGENT AVE		CITY Yuma	STATE AZ
CITY Yuma		STATE AZ	ZIP 85364
COMMITTEE'S PHONE # 8-261-8159	COMMITTEE'S FAX # PENDING	COMMITTEE'S E-MAIL ADDRESS TEEZMO@LYCOS.COM	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948)			
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE AZ
CITY		STATE AZ	ZIP
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)).			

DESIGNATED CANDIDATE'S STATEMENT (If applicable) (A.R.S. §16-948(B)): I hereby designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: 6/29/04
Candidate's signature: _____